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ORANGE COUNTY LOS ANGELES SAN FRANCISCO SACRAMENTO FRESNO

February 8, 2021

Adam Stoller, M.D.
1900 O'Farrell St., Ste. #190
San Mateo, CA 94403

Re: Jonathan Shockley v. Biotelemetry, Inc. dba Cardionet, LLC

WCAB No: ADJ12031731
Claim No: 040519008736

Dear Dr. Stoller:

Thank you for agreeing to evaluate the above-named Applicant in the capacity of a Panel Qualified Medical Examiner in your San Francisco office on **March 11, 2021 at 11:30 a.m.**

Please be advised this correspondence is being sent to you as a defense interrogatory on behalf of Defendants, Biotelemetry, Inc. dba Cardionet, LLC: administered by Chubb Indemnity Insurance Company.

Please allow this correspondence to serve as authorization for you to perform any diagnostic testing which you believe is necessary in order for you to complete your evaluation of Applicant.

If Applicant has achieved Maximum Medical Improvement, please discuss with him the possibility of returning to work. If the Applicant is not able to return to his usual and customary occupation, please complete the attached voucher form and provide a copy to the injured worker before he leaves your office.

Background Information

Thank you for your ongoing assistance with this claim. You last evaluated the Applicant on January 23, 2020, and you have issued several interim supplemental reports.

Subsequent to your last visit, Applicant was seen by Dr. Leonard Gordon for a surgical consultation for the bilateral upper extremities. Dr. Gordon notes that Mr. Shockley appears to have repetitive stress as far as his upper extremities are concerned. However, Dr. Gordon finds

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no evidence for nerve entrapment, despite the electro-diagnostic studies showing cubital tunnel syndrome in both elbows.

He notes that there is a question of a nerve problem in the neck and possible radiculopathy, although the radiculopathy was at the C6-7 level and Applicant's symptoms of cubital tunnel and ulnar side of the hand primarily would be at C8 through T1, but he does defer to the orthopedic specialist for further comment regarding the neck. As far as the upper extremities and cubital tunnel, he does not feel that there are any surgical options that would be helpful at this time.

Applicant has now been approved for a surgical consult to the neck. We are still awaiting that report.

If it turns out that Applicant is not surgical for the neck, do you find him at Maximum Medical Improvement?

If so, please comment on the Applicant's Permanent and Stationary status and Whole Person Impairment in the event that he is not surgical or declines.

Inquiries

It is requested that you kindly carefully review the enclosed pleadings, and medical reports and incorporate same into your forthcoming report. Additionally, it is requested you comment upon Applicant's current medical status, including whether she has reached Maximum Medical Improvement in addition to addressing the issue of apportionment.

Kindly ensure your report addresses the American Medical Association Guides to the Evaluation of Permanent Impairment, 5th Edition, guides in writing your report. Also, please ensure that you include the corresponding Whole Person Impairment (WPI) rating.

It is requested that your report cover the following:

1. A detailed medical history
2. Your diagnosis
3. Whether or not the medical findings are consistent with the original incident or injury(ies) claimed by the Applicant.
4. Whether or not any further medical treatment is reasonably necessary to cure or relieve the effects of the injury(ies).
5. If disability exists, is it industrially caused or aggravated?
 - a) If disability exists, is it the result of a specific incident or incidents or is it the result of one or more periods of cumulative trauma. If disability is a result, either in whole or in part, of one or more periods of cumulative trauma, please state your opinion when each period commenced and ended.

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b) If disability exists, was there a precipitating cause of all or part of this disability?

6. IF THE DISABILITY IS INDUSTRIALLY CAUSED OR AGGRAVATED, IS IT:

A) TEMPORARY TOTAL?

B) TEMPORARY PARTIAL? IF SO, GIVE EXTENT OF ABILITY TO WORK.

C) WHEN WAS APPLICANT NO LONGER TEMPORARILY DISABLED?

7. If permanent and stationary and ready for rating, describe:

Permanent disability factors resulting from the industrial causation or aggravation. If you believe the Applicant should be restricted in job duties, please set forth with as much specificity as possible, those restrictions.

b) Whether there should be apportionment to non-industrial factors. If you believe there should be apportionment, please provide a discussion on this subject.

1. Factors, if any, which you believe pre-existed and are unrelated to, and not aggravated by, the industrial exposure.

2. Was there a pre-existing condition which did interfere or would have actually interfered with any type of work activity? If you find a pre-existing non-industrial condition, please set forth with specificity the condition and the percentage of disability or impairment in the open labor market which Applicant has independent of the industrial injury.

3. The extent of the disability due to the natural progression of pre-existing factors which has resulted in symptoms or disability independent of employment. Please state the percentage of disability due to industrial factors and the percentage due to any pre-existing disability or any disability due to the natural progression of pre-existing factors.

Pursuant to recent changes to L.C. §4663, apportionment of permanent disability shall be based on causation. Any physician preparing reports on the issue of permanent disability must address the issue of causation. The physician must make an apportionment determination by finding what approximate percentage of the permanent disability was caused as a direct result of the work-related injury and what portion was caused by other factors, including prior industrial injuries or other non-industrial factors.

Pursuant to L.C. §4664, if an injured worker has received a prior award of permanent disability, it shall be conclusively presumed that the prior permanent disability exists at the time of any subsequent industrial injury.

Based on the foregoing, please indicate what the approximate percentage of Applicant's current disability is due to the industrial injuries alleged in this case and what percentage is due to a) any

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previous industrial injuries; b) any subsequent industrial injuries; and c) any non-industrial injuries, illnesses or pathology. Please provide a basis for any apportionment you give in your report.

8. Based upon your evaluation and disability determination, please state whether you believe the Applicant is capable of returning to his usual and customary employment activities.

9. Please discuss whether the treatment provided to date, or the treatment you are currently recommending, is reasonable and necessary to cure or relieve the effects of the industrial injury in compliance with the ACOEM guidelines, which includes the extent and scope of medical treatment rendered.

Recently enacted legislation (SB228) adopted evidence-based medicine (EBM) guidelines and the acceptance of the ACOEM guidelines as presumptively correct. The ACOEM guidelines promote "conservative care."


Please draft your report pursuant to the guidelines of the American Medical Association.

Please forward an original of your report to the Workers' Compensation Appeals Board, with copies to the attorneys for the parties. Your bill for services is to be sent to: Colantoni, Collins, Marren, Phillips & Tulk, LLP, Attn: Amy E. Olson, Esq., 555 Corporate Dr., Ste. #205, Ladera Ranch, CA 92694.

Your efforts in sending your report at your earliest convenience will be greatly appreciated.

Kindest Regards,

COLANTONI, COLLINS, MARREN, PHILLIPS & TULK, LLP

BY: 

AMY E. OLSON

AEO/mg

Enc.: Schedule of Records

cc: Mario Castro/Chubb Group of Insurance Companies (Via Email Only)
Zachary Kweller, Esq./Pacific Workers Oakland

SCHEDULE OF RECORDS

Description

2019.02.19 - DWC-1 Claim Form

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2020.12.10- Primary Treating Physicians Progress Report - Babak Jamasbi MD
2020.12.08- Prescription - Acupuncture
2020.12.03- Med Legal Supplemental Report - Adam Stoller MD
2020.12.03- Supplemental Report - Babak Jamasbi MD
2020.11.06- Primary Treating Physicians Progress Report - Babak Jamasbi MD
2020.11.06- Primary Treating Physicians Progress Report - Julia Fellows PA-C
2020.09.25- Primary Treating Physicians Progress Report - Babak Jamasbi MD
2020.09.20- Med Legal Supplemental Report - Adam Stoller MD
2020.09.11- Prescription - Aquatic Therapy
2020.09.04- Primary Treating Physicians Progress Report - Jessica Aikin PA-C
2020.09.04- Primary Treating Physicians Progress Report - Babak Jamasbi MD
2020.08.07- Primary Treating Physicians Progress Report - Jessica Aikin PA-C
2020.07.22- Orthopedic Hand Surgery Consultation - Leonard Gordon MD
2020.07.14- Prescription - Acupuncture
2020.07.10- Primary Treating Physicians Progress Report - Jessica Aikin PA-C
2020.06.19- Medical Report
2020.06.17- SOAP Notes - Andreas Schwerte OMD
2020.06.12- Primary Treating Physicians Progress Report - Babak Jamasbi MD
2020.05.29- Primary Treating Physicians Progress Report - Babak Jamasbi MD
2020.04.24- Primary Treating Physicians Progress Report - Babak Jamasbi MD
2020.04.03- MRI Report - Cervical Spine w/o Contrast - Jennifer Lin M.D
2020.04.01- Prescription - Cervical Spine MRI
2020.03.25- Primary Treating Physicians Progress Report - Julia Fellows PA-C
2020.03.25- Visit Note - Pain & Rehabilitative - Babak Jamasbi M.D.
2020.03.11- SOAP Notes - Andreas Schwerte O.M.D
2020.02.26- Primary Treating Physicians Progress Report - Julia Fellows PA-C
2020.02.26- Visit Note - Pain & Rehabilitative - Babak Jamasbi M.D
2020.02.10- EMG Report -Dr. Neeti Bathia
2020.01.15- Visit Note -Dr. Babak Jamasbi
2020.01.10- Primary Treating Physicians Progress Report - Jessica Aikin PA-C
2020.01.10- Visit Note -Dr. Babak Jamasbi
2019.11.22- Primary Treating Physicians Progress Report - Babak Jamasbi MD
2019.11.05- SOAP Notes -Andreas Schwerte, O.M.D
2019.10.21 - Medical Report - Jamasbi MD
2019.08.05 - Daily Note - Dr Annie Ting
2019.05.29 - Daily Note - Golden Gate Hand Therapy
2019.05.28 - P&S Report - Patrick O'Lang MD
2019.05.22 - Medical Report - Dr Annie Ting
2019.05.15 - Medical Report - Dr Crystal Wong
2019.05.14 - Medical Report - Patrick O'Lang MD
2019.05.10 Daily Note - Annie Ting
2019.05.03 - Medical Report - Dr Crystal Wong
2019.05.02 - Work Status Report - Patrick O Lang MD
2019.04.24 - Daily Note - Dr Annie Ting
2019.04.22 - Medical Report - Dr Crystal Wong
2019.04.17 - Daily Note - Golden Gate Hand Therapy
2019.04.16 - Primary Treating Physician (PR-2) - Patrick O'Lang MD

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2019.04.16 - Work Abilities Worksheet
2019.04.15 - Daily Note - Medical Report
2019.04.10 - Medical Report - Dr Annie Ting
2019.04.08 - Daily Note - Golden Gate Hand Therapy
2019.04.03 - Daily Note - Golden Gate Hand Therapy
2019.04.01 - Medical Report - Dr Annie Ting
2019.03.27 - Daily Note - Golden Gate Hand Therapy
2019.03.27 - Daily Note - Mary Naughton
2019.03.25 - Daily Note - Annie Ting
2019.03.20 - Daily Note - Golden Gate Hand Therapy
2019.03.20 - Daily Note - Dr Annie Ting
2019.03.18 - Daily Note - Golden Gate Hand Therapy
2019.03.18 - Occupational Therapy - Dr Annie Ting
2019.03.01 - Hand Surgery Consult - O'Lang MD
2019.03.01 - Hand Surgery - Patrick O'Lang MD
2019.03.01 - Rx - Patrick O'Lang MD
2018.02.15 - Medical Report - Dr Annie Ting
2016.04.16 - Medical Report - O'Lang MD

2019.10.10 – Applicat's Deposition Transcript